PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approve for the element of 17/2007. Onto 9097-9032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/535,264			ing Date 17/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			JMBER FIL	.ED NUI	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A	300
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A	
×	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A			N/A	200
	FAL CLAIMS CFR 1.16(i))		mir	us 20 = *			x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			ı	x \$ =			x s =	
☐APPLICATION SIZE FEE (37 CFR 1.16(a)) If the specification and di sheets of paper, the appl is \$250 (\$125 for small e additional 50 sheets or ff 35 U.S.C. 41(a)(1)(G) an					n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	500
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	11/16/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 5	Minus	·· 20	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	 3	= 0		x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))								Ш		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	**			x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))	•	Minus	***		ı	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))					1					
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		
									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Previously Paid or "N ITHS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For "N ITHS SPACE is less than 3, enter "3". "Angela E. Jones!!" "Angela E. Jones!!" "Angela E. Jones!!" "Angela E. Jones!!"											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS